



Argeo Paul Cellucci
Governor

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 97-75
December 18, 1997

TO: Transitional Assistance Office Staff
FROM: Joyce Sampson, Assistant Commissioner for Field Operations
RE: United HealthCare Disability Reconciliation Cleanup

**Purpose of This
Memo**

A file matching process has been established with the Disability Review Unit (DRU) - United HealthCare - for the purpose of ensuring accuracy in our disability process for both the TAFDC and EAEDC programs. Three reports are included with this memo capturing specific case information as it appears on PACES as well as the current case status at United HealthCare. A review of the case file will be required to determine if there are any PACES coding discrepancies which require correction or require an eligibility review.

This memo gives instructions on how to annotate the reports indicating that workers have reviewed and corrected any discrepancies on PACES which relate to the status of TAFDC Disability Supplements and EAEDC Medical Reports processed by United HealthCare.

All offices should be maintaining a PC-based tracking system for managing the disability review process for both TAFDC and EAEDC. This PC tracking system could be one that your office developed or the system that was developed by John Shirley and on which training was provided.

**Purpose of This
Memo
(Continued)**

Any office that does not have a PC tracking system should contact their Regional Director immediately.

For specific instruction on the TAFDC disability process, please refer to the *TAFDC Procedure Guide*: Chapter 7, *Field Operations Memo 95-39* (Fax-95-101) and *Field Operations Memo 97-7*. For specific instruction on the EAEDC disability process, please refer to the *EAEDC Reference Guide*, Chapters 1, 7 and 12. For specific PACES codes for both TAFDC and EAEDC, please refer to the *Systems User's Guide, Volume 1: PACES, Appendix B*.

**Annotated
Reports Due
Date**

All annotated reports are to be faxed to Peter Boyle at (617) 348-5111 by close of business Friday, January 16, 1998. Prior to submitting your reports, please ensure all updates/corrections have been key entered on PACES and ESP/MIS.

Report 1

Opened/Re-opened EAEDC Cases within Previous Two Months.

This report identifies opened or reopened EAEDC cases within the previous two months. Included are cases that were given an initial disability duration of 60 to 90 days. PACES must be properly coded in block 39 (Cat Type) to ensure the correct status of the medical disability and block 40 (Error Profile) to ensure the timely release of a system-generated medical report to the recipient. (Refer to the *EAEDC Reference Guide*, Chapter 1.)

Report Fields

This report identifies office, CAN, case SSN, case name, case start date, current Cat Type and current EP Code.

**Local Office
Responsibility**

Workers must review each case record appearing on this report to determine if the Cat Type and EP Code accurately reflect the case disability status. In addition, workers should be reviewing their monthly *EAEDC- Expired Medical Report Control Log/Data Entry Form* report to determine if a system-generated medical report was sent to the recipient. Due to the cutoff date of system-generated medical reports, a medical report may not have been system-generated. In this instance, the worker must manually send one to the recipient.

Annotate Report

Each case appearing on this report must be annotated to indicate that the case record was reviewed and particular action was taken on PACES to correct any discrepancies. Please annotate the report with one of the following appropriate codes:

- N** Both Cat Type and EP Code correct, no action taken
- A** Cat Type and/or EP Code incorrect, appropriate action taken
Indicate new code(s) applied to case on the report by crossing out the old code and identifying the new code
- C** Case has closed, (inform United HealthCare of closing if there was a pending medical report)
- M** Manual mailing of medical report sent to recipient, not yet returned to local office
- U** Medical report, returned to local office, forwarded to United HealthCare
- H** Case is currently under appeal
- O** Other, give brief explanation

NOTE: Workers should no longer be using **CAT Type J for EAEDC cases**. This code was used for an interim special project involving SSI recipients. Please refer to Fax 97-118, *Discontinuance of Special Procedures for Processing SSI Cases Terminated Due to Federal Law Change*, dated August 19, 1997 for instructions.

Report 2

Active EAEDC Individuals who have been Determined Disabled by DRU and Duration Date for Individual has Expired and a New Medical Report has NOT been Returned to DRU for Assessment

This report identifies active EAEDC recipients who had been determined disabled by United HealthCare; however, the duration date for the disability has expired (according to United HealthCare and PACES) and United HealthCare has not received a new medical report for assessment.

Report Fields

This report identifies office, CAN, case SSN, Name, Cat Type and EP code.

Local Office Responsibility

Workers must review each case record identified on this report to determine the accuracy of the Cat Type and EP Code. Workers should be reviewing their monthly *EAEDC - Expired Medical Report Control Log / Data Entry Form* report to determine if a system-generated medical report was sent to the recipient. Workers should also be in communication with the local office United HealthCare Liaison to ensure there was no breakdown in the medical report logging process. If you are unable to determine the current medical disability status of the recipient, immediately start the process again by manually sending the recipient a new medical report and supplement allowing ten days for its return.

NOTE: As a reminder, a completed but unprocessed medical report must be received by United HealthCare within 45 days of the date the recipient signed the medical release.

**Local Office
Responsibility
(Continued)**

If the medical report was not returned to the office and the recipient is otherwise ineligible, appropriate action should be taken to close the case. If the recipient appearing on this report is no longer disabled but is otherwise eligible for EAEDC, appropriate action should be taken on PACES to reflect the correct Cat Type and EP Code.

Annotate Report

Each case appearing on this report must be annotated to indicate that the case record was reviewed and particular action was taken to correct any discrepancies. Please annotate the report with one of the following appropriate codes:

- N** Current Cat Type and EP Code correct, no action taken
 - A** Cat Type and/or EP Code incorrect, appropriate action taken
Indicate new code(s) applied to case on the report by crossing out the old code and identifying the new code
 - M** Manual mailing of medical report sent to recipient, not yet returned to local office
 - U** Medical report returned to local office, forwarded to United HealthCare
 - C** Case has closed
 - H** Case is currently under appeal
 - O** Other, give brief explanation
-

Report 3

Active TAFDC Individuals who have been Determined Disabled by DRU and Duration Date for Individual has Expired and a Disability Supplement has NOT been Returned to DRU for Assessment.

This report identifies active TAFDC recipients who had been determined disabled by United HealthCare; however, the duration date for the disability has expired (according to United HealthCare). In addition, United HealthCare has not received a new supplement for assessment and either the recipient Action Reason, case Program Code or EP Code on PACES indicates there is a disability.

Report Fields

This report identifies the office, CAN, case SSN, case action reason, case name, dependent number, name, SSN, and action reason of individual with identified disability, case deprivation code, case program code, SAVE code and case error profile code.

**Local Office
Responsibility**

Workers must review each case record identified on this report to determine if the codes on the report correctly reflect the case disability status. Workers should be reviewing the monthly *TAFDC Expired Supplement Listing* to ensure that recipients who appear on this listing return new supplements on time. Workers should also be in communication with the local office United HealthCare Liaison to ensure there was no breakdown in the supplement logging process. If you are unable to determine the current medical disability status of the recipient, immediately start the process again by manually sending the recipient a new Disability Supplement allowing ten days for its return. If the identified recipient is no longer claiming a disability, the respective codes on PACES must be updated to indicate such. Workers should pay close attention to the Program Code, case and dependent action reason, and Error Profile code. In addition, ESP codes should be reviewed and updated where appropriate.

NOTE: As a reminder, a completed but unprocessed Disability Supplement must be received by United HealthCare within 45 days of the date the recipient signed the medical release.

Annotate Report

Each case appearing on this report must be annotated to indicate that the case record was reviewed and particular action was taken to correct any discrepancies. Please annotate the report with one of the following appropriate codes:

- N** All identified codes appearing on the report are correct, no action taken
- A** Code(s) incorrect, appropriate action taken
Indicate new code(s) applied to case on the report by crossing out the old code and identifying the new code
- M** Manual mailing of Disability Supplement sent to recipient, not yet returned to local office

**Annotate Report
(Continued)**

- U** Disability Supplement returned to local office,
forwarded to United HealthCare
 - C** Case/dependent has closed
 - H** Case is currently under appeal
 - O** Other, give explanation
-

**Offices NOT
receiving
Reports**

Report 1

The following offices DID NOT receive Report 1: Boston Family Housing, Oak Bluffs and Quincy Centralized.

Report 2

The following offices DID NOT receive Report 2: Boston Family Housing, Oak Bluffs, Nantucket and Quincy Centralized.

Report 3

The following offices DID NOT receive Report 3: Athol, Boston Family Housing, Falmouth, Nantucket, Newmarket Square Homeless Unit, North Adams, Oak Bluffs, Wareham and Woburn.

Questions

If you have any policy or procedure questions have your Hotline designee call the Policy Hotline at (617)348-8478.

If you have any systems-related questions, have your Hotline designee call the Customer Support Services at (617) 348-5290.
